



1018172-001

United States  
Department of  
Agriculture

Animal and  
Plant Health  
Inspection  
Service

ENQL 7-1 CY07  
PERMANENT  
Retire 01/12

January 11, 2007

Policy and Program  
Development

Environmental  
Services, Unit 149  
4700 River Road  
Riverdale, MD  
20737

Document Processing Desk [6(a)(2)]  
Office of Pesticide Programs (7504P)  
U.S. Environmental Protection Agency  
Ariel Rios Building  
1200 Pennsylvania Avenue, N.W.  
Washington, DC 20460-0001

ATTN: Norman Spurling (7502P)

SUBJECT: **FIFRA, Section 6(a)(2) single adverse effects incident report**

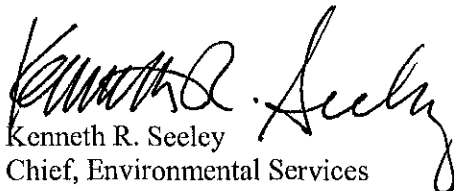
The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. In as much as possible, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period ending July 30, 2006.

EPA Reg. No. 56228-15M-44 Cyanide Capsules  
Active Ingredient: CAS No. 143-33-9  
Sodium Cyanide

<u>Incident Category</u>	<u>No. of Incidents</u>
D-A	1

Please direct any questions pertaining to this adverse incident report to Kenneth Dial at (301) 734-8378 or e-mail [kenneth.dial@aphis.usda.gov](mailto:kenneth.dial@aphis.usda.gov).

Sincerely,

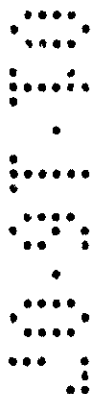
  
Kenneth R. Seeley  
Chief, Environmental Services

Enclosure

*Kenneth Dial called N. Spurling (EPA)  
(USDA)  
on 1/18/07 and  
said  
4/1/06 was ok to use  
as a starting  
date*



Safeguarding American Agriculture  
APHIS is an agency of USDA's Marketing and Regulatory Programs  
An Equal Opportunity Provider and Employer



U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

**6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT**

INCIDENT CODE  D-A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT  4/11/06	DST USE ONLY REPORT NUMBER
	Date <input type="checkbox"/> New	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information)		TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS or different from reporter)	
DUTY STATION ADDRESS		ADDRESS		
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY	STATE	COUNTY	<input type="checkbox"/> Self <input checked="" type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other _____	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

Alleged Dog Pulled M-44 Device

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

Public Rangeland

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

Pesticide use

EPA REGISTRATION NUMBER  56228-15	PRODUCT NAME  M-44 Cyanide Capsule	ACTIVE INGREDIENT  Sodium Cyanide	
WAS THE PRODUCT <input type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (if "Yes", explain)

☐ Yes    ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form)

NOTE: WS was never shown the dog. There was no indication that we were responsible. Claimant was unable to prove M-44 exposure. Allegation arose 9 days after the dog died. Routine inspection showed 2 M-44 devices pulled - 1 coyote found.

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM		ES USE ONLY
		REPORT NUMBER
"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant		"X" ONE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Wild
SPECIES COMMON NAME		NUMBER OR ACRES AFFECTED
Dog		N/A
BREED (if known)		German Shepherd
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS Symptoms not observed - Dog found dead		
IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies): none performed		
MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat) N/A		
PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable) 1 capsule		
WAS PREBAITING USED ON THE SITE (Describe) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED Public Rangeland		
ADDITIONAL FACTORS - Alleged incident - claimant did not observe M-44 device nor the dog pull the device - the dog was buried w/o vet necropsy. Allegations arose 9 days later.		
NAME OF PREPARER	SIGNATURE	DATE
NAME OF SUPERVISOR	SIGNATURE	DATE